



South Carolina  
**DEPARTMENT OF AGRICULTURE**  
**CONSUMER PROTECTION DIVISION**  
123 Ballard Court, West Columbia, SC 29172  
\_\_\_\_\_  
Hugh E. Weathers, Commissioner

FOR OFFICIAL USE ONLY

Address Code 1 \_\_\_\_\_

Address Code 2 \_\_\_\_\_

Date Received \_\_\_\_\_

## SEED TEST REQUEST FORM

Please check the appropriate classification: ☐ SC Citizen / SC Farmer ☐ SC Farm / Garden Retailer ☐ Wholesaler

Sender's Name \_\_\_\_\_ Copy to \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone/Fax \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Kind	Variety	Lot #	Germ Only	Germ & Purity	Treated Y/N	Special Test	Carry Over Y/N

Name of Treatment(s) / Special Test(s) Comments \_\_\_\_\_